



**Montana Office of Public Instruction  
Public School Choice  
Appeal of District Complaint Procedure**



**Instructions for Filing an Appeal:**

Complete the complaint procedure in the district in which the alleged non-compliance occurred. If the complainant is not satisfied with the response to the complaint, or if the district does not respond within 45 days of filing the complaint, the complainant may appeal the complaint to the Montana Office of Public Instruction (OPI). Send a letter with a copy of the original complaint filed with the district or evidence that it has been 45 days since the district received the complaint. Mail the appeal form to:

Montana Office of Public Instruction  
Attn: Shawna Pieske  
PO Box 202501  
Helena, MT 59620-2501

*An original signature on the letter is required so a fax or email will not be sufficient for the appeal to be reviewed.*

Upon receipt of the appeal, the OPI will determine whether the district complaint procedures have been completed, or the district has not responded to the complainant within the required 45 days. If district procedures have not been completed, the appeal will not be accepted. If it's determined that facts of the complaint, if true, would be out of compliance with NCLB Title I Part A section 1116, the appeal will be accepted. If it is determined that the complaint, even if true, is compliant with NCLB, the appeal will not be accepted. The OPI will request a report from the district and provide a written report within 60 days of receiving the district report, describing the decision regarding the alleged non-compliance and the reasons for the decision.

April 2012



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*If the complaint alleges non-compliance with NCLB Title I Part A section 1116 (Public School Choice), the complainant may direct an appeal to the Montana Office of Public Instruction (OPI) Public School Choice coordinator, after exhausting local procedures or after 45 days from filing a written complaint with the school district, whichever occurs first.*

Name of person filing appeal: \_\_\_\_\_

Address of person filing the appeal: \_\_\_\_\_  
*Street City State ZIP Code*

School district: \_\_\_\_\_

School district address: \_\_\_\_\_  
*Street City State ZIP Code*

Give a brief statement indicating how the district is alleged to be noncompliant.

\_\_\_\_\_  
*Signature of person filing appeal Date*

April 2012